

Name In Full

Certificate of Death

James W. Barnes

Town

Mount View

County

Howard

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 22nd

Age

75 10 17

Md

Wharfright

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

~~Wife~~

Father's

Name

Mary J. Thomson

Sam^l Barnes

Mother's

Maiden Name

Sarah A. Hackett

Cause of

Primary

Empyema & abscess of liver

How long sick

4 months

Death

Immediate

Exhaustion from septic infection

Accident, Suicide, Homicide

Reported by

Benj. F. Stupley

M D

Address

Alpha

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

017013/25

Name in Full

Certificate of Death

Edward Wm Brundschier

Town

County

Died at in Howard

MARYLAND

Date 1903 Month April Day 21 Y. - M. 13 D. - Native of Maryland Occupation none
 Male White Married Widower Divorced
 Female Colored Single Number of children living

Husband
of
Wife

Father's Name Frederick D L Brundschier Mother's Name Emma Mary Brundschier

Cause of Death { Primary Gastro-Enteritis 105 How long sick 3 days
 Immediate Strangulated Bowel & Peritonitis Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 1903



Name In Full

Certificate of Death

22 Lemercia ch Bourdette
 Died at Mar Long Corn Howard MARYLAND
 Town County
 Date 1908 April 19 Y. M. D. 65 1 28 Native of Maryland Occupation House Wif
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 8

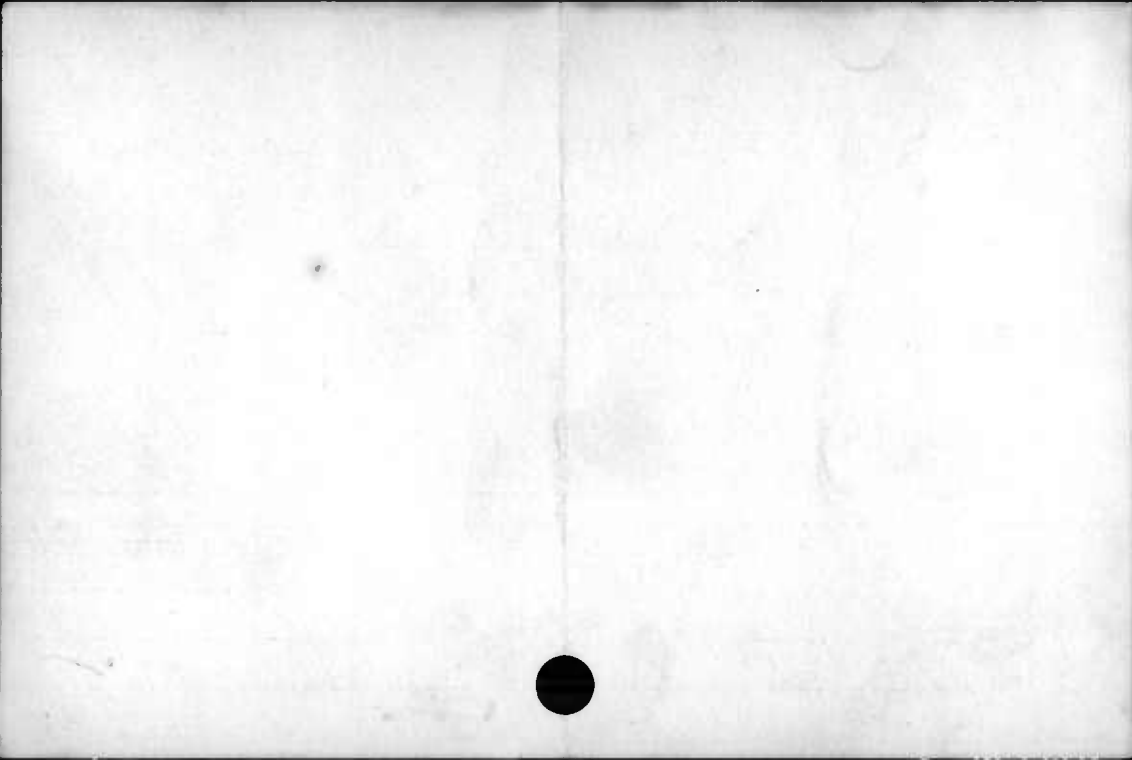
Husband of Alon Bourdette
 Wife
 Father's Name Howard Lewis Mother's Maiden Name Lydia Lewis
 Cause of Death { Primary Cerebral Hemorrhage How long sick Several Years
 Immediate Apoplexy at Accident, Suicide, Homicide

Reported by L. E. Brownell M.D.
 Address Mt. Airy, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Dayton</i>		County <i>Howard</i>		MARYLAND
	Date of death 190	Month <i>April</i>	Day <i>23</i>	Years <i>Age Stillborn</i>	Months <i>Days</i>
	Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Dayton, Md.</i>	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband <i>Mollie Burriss</i>				
	Father's Name <i>George Burriss</i>		Father's Birthplace <i>Montgomery</i>		
	Mother's Maiden Name <i>Mollie Thompson</i>		Mother's Birthplace <i>Howard</i>		
	Name of person giving In formation <i>Ida Reddick</i>		How related to deceased <i>Aunt</i>		
CAUSES OF DEATH					<i>Stillborn</i>
PHYSICIAN OR CORONER	Primary			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
	<i>Dr. Samuel B.</i>			Address	
				<i>Nichols Dayton Howard Co. Md.</i>	
Accident or Suicide?					



Name in Full		John Wesley Clifford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Elliott City		County Howard		MARYLAND
	Date of death 1903		Month April	Day 1	Age 62	Years	Months Days
	Sex Male		Color or Race Colored		Birth-place Maryland		
	Married, Single or Widowed Married		Occupation Laborer				
	Name of Wife or Husband Annie Scott						
	Father's Name John Clifford				Father's Birthplace Maryland		
	Mother's Maiden Name Catherine Collins				Mother's Birthplace Maryland		
Name of person giving information Annie Clifford				How related to deceased Wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Bright's Disease				How long 2 yrs		
	Immediate Orkay of auestion				How long 3 weeks		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Thos W. Dorrings		
	Yes				Address Elliott City Md.		
Accident or Suicide?							



Name
in
Full

Hanson Thomas Condon

CERTIFICATE OF DEATH

21

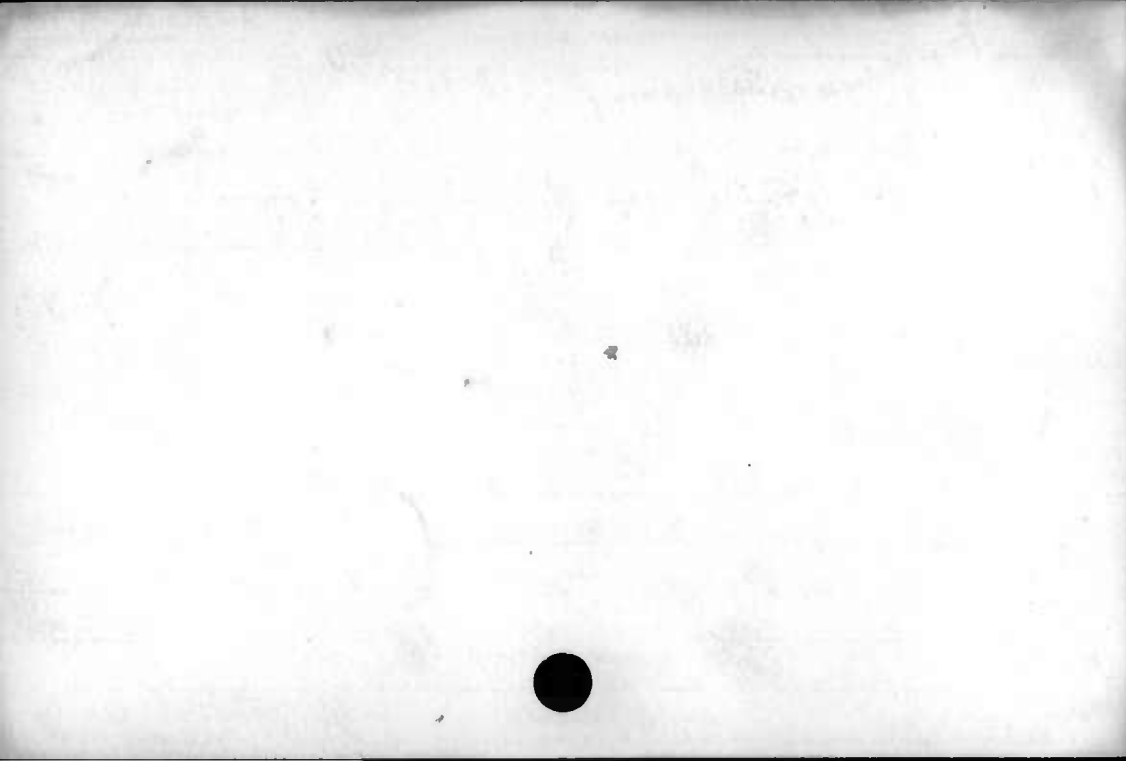
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Poplar Springs ^{County} Howard		MARYLAND	
Date of death 1903	Month Apr	Day 2	Age 24
Sex male	Color or Race white American	Birth-place Carroll Co Md	
Married, Single or Widowed Single		Occupation Farmer	
Name of Wife or Husband			
Father's Name Annemilly Condon		Father's Birthplace Carroll Co Md	
Mother's Maiden Name Susan Pickett 54		Mother's Birthplace Carroll Co Md	
Name of person giving information Ann Condon		How related to deceased Father	

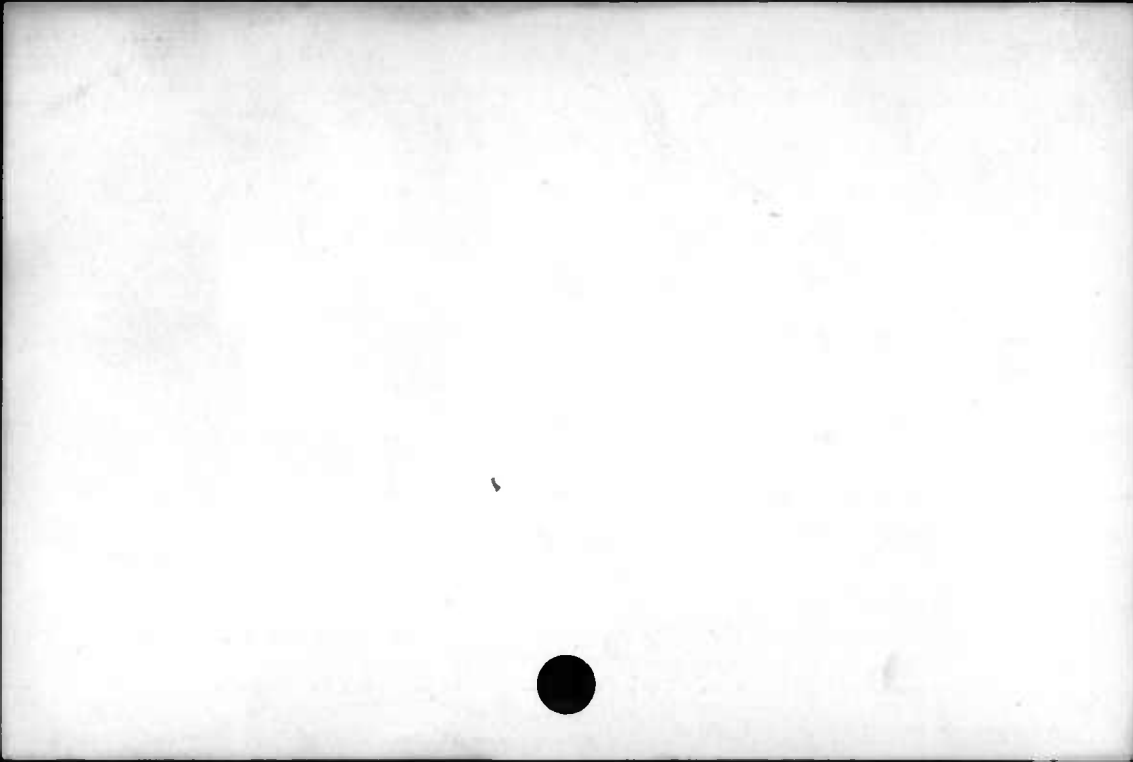
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pernicious Anaemia	How long	Six months
Immediate	It	How long	One month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. E. Daves	
Yes		Address Mt Airy Md	
Accident or Suicide?			



Name in Full		Plummer Saley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Mar Elliott City		Howard		MARYLAND	
	Date of death 190	3	Month 4	Day 12	Age 68	Months	Days
	Sex	male		Color or Race	black	Birth-place	md
	Married, Single or Widowed	married		Occupation Laborer			
	Name of Wife or Husband	Edmonia Saley					
	Father's Name	Richard Saley				Father's Birthplace	md
	Mother's Maiden Name	Lettie Saley				Mother's Birthplace	md
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information	Edmonia Saley				How related to deceased	wife
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Arterio. Sclerosis				How long	Several years
	Immediate	Cerebral Hemorrhage: Shock				How long	30 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. W. Livingston M.D.	
					Address	Savage	
	Accident or Suicide?		mitten				



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903.

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Apr. 28

Age 33

Married

~~Widow~~~~Divorced~~

Housekeeping

Female

Colored

~~S~~~~Widower~~

Number of children living

five

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

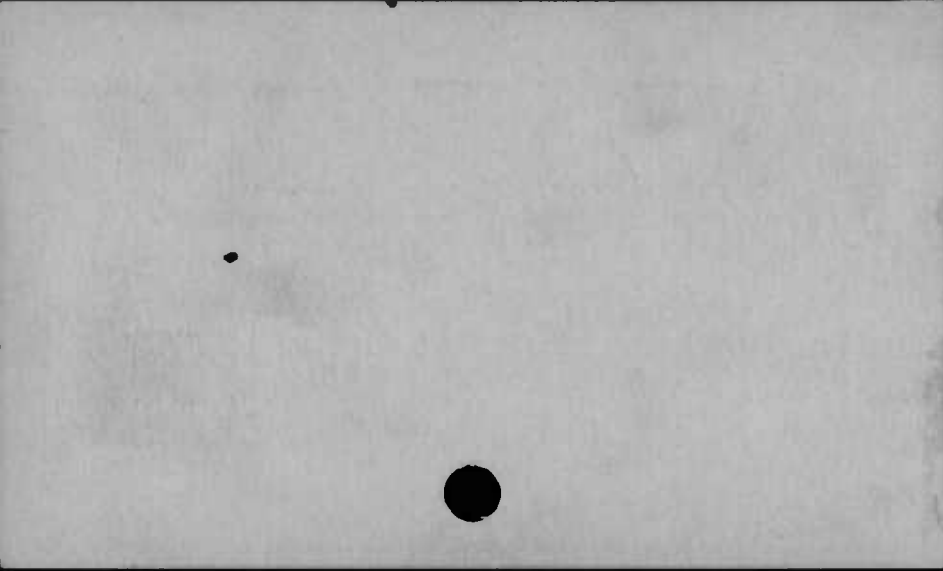
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name
is
Full

Martha S. Fuller

CERTIFICATE OF DEATH

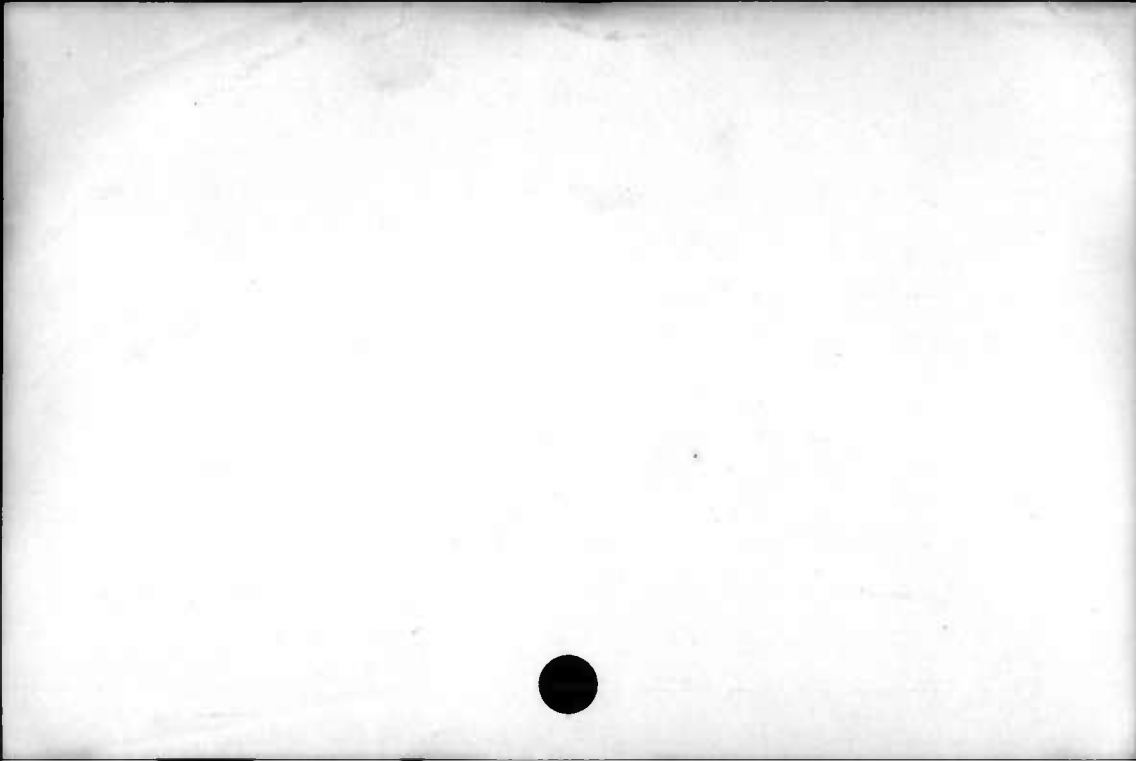
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Savage</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>30</i>	Age <i>5'1</i>	Years	Months <i>5</i>	Days	
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Nebraska</i>					
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Lo. N. Fuller</i>							
Father's Name <i>Sampson S. Sherman</i>				Father's Birthplace <i>Nebraska</i>			
Mother's Maiden Name <i>Mauda Sherman</i>				Mother's Birthplace <i>Nebraska</i>			
Name of person giving information <i>Back Liley</i>				How related to deceased <i>friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Winterson M.D.</i>
	Address <i>Savage</i>
Accident or Suicide? <i>no</i>	<i>M.D.</i>



Name in Full

Certificate of Death

Harris Gary Heath

Town

County

Died at

Alberton

Howard

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

April 6

Age

10

35

Md. School boy

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Harris Tiffany Heath

Mother's

Name

Florence Mae Leef

Cause of

Primary

Typhoid Fever

How long sick

32 days

Death

Immediate

Toxemia

Accident, Suicide, Homicide

Reported by

Dr. Wm. B. Gambrell

Address

Alberton

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15068

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Name in Full

Certificate of Death

Mary S. High

Town

County

Died at

Alberton

Howard

MARYLAND

Date 1903 April 24 Y. 25 M. 7 D. 29 Native of Md Occupation Mill hand
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

 Husband
 of

 Father's
 Name

James Alfred High

 Mother's
 Name

Alice Ann High

Cause

Primary

Chronic Nephritis

How long sick

3 months

Death

Immediate

Uræmia

180

Accident, Suicide, Homicide

Reported by

J. Tarsey Waltemeyer, M.D.,

Address

Alberton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903

Name in Full

Certificate of Death

Margaret May Hunglford
 Died at Dayton ^{Town} Howard ^{County} MARYLAND
 Date 1903 April 27 Month Day Y. M. D. Native of Ind Occupation
 Age 25
 Male White Married Widew, Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Thomas Hunglford Mother's Name Virginia Redford
 Cause of Death { Primary Pneumonia & Bronchitis How long sick 10 days
 { Immediate Accident, Suicide, Homicide

Reported by J. A. Nichols M.D.

Address Dayton Howard C. Nichols

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

E. Claude J. Hurstland

CERTIFICATE OF DEATH

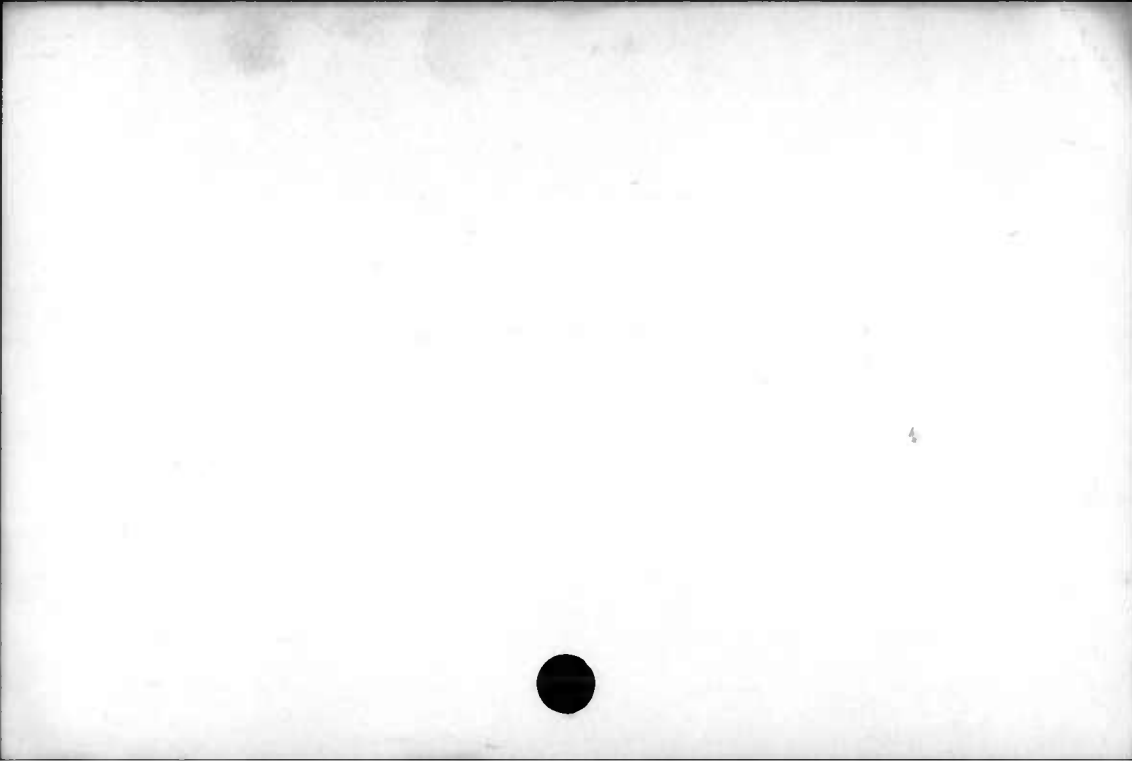
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis Junction		^{County} Howard		MARYLAND	
Date of death 190	3	Month	4	Day	7
Age	35	Years	35	Months	
Sex	male	Color or Race	white	Birth-place	La.
Married, Single or Widowed	Married		Occupation	Hotel cook	
Name of Wife or Husband	Minnie Hurstland				
Father's Name	Gen. Hurstland. U.S.A.			Father's Birthplace	Texas
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Frank Rose			How related to deceased	Father-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	R. R. Accident	How long	166
Immediate	Shock	How long	4 seconds
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. L. Hutchinson M.D.
		Address	Savage
Accident or Suicide?	Accident		X M.D.



Name
in
Full

Elizabeth Dora Jackson,

CERTIFICATE OF DEATH

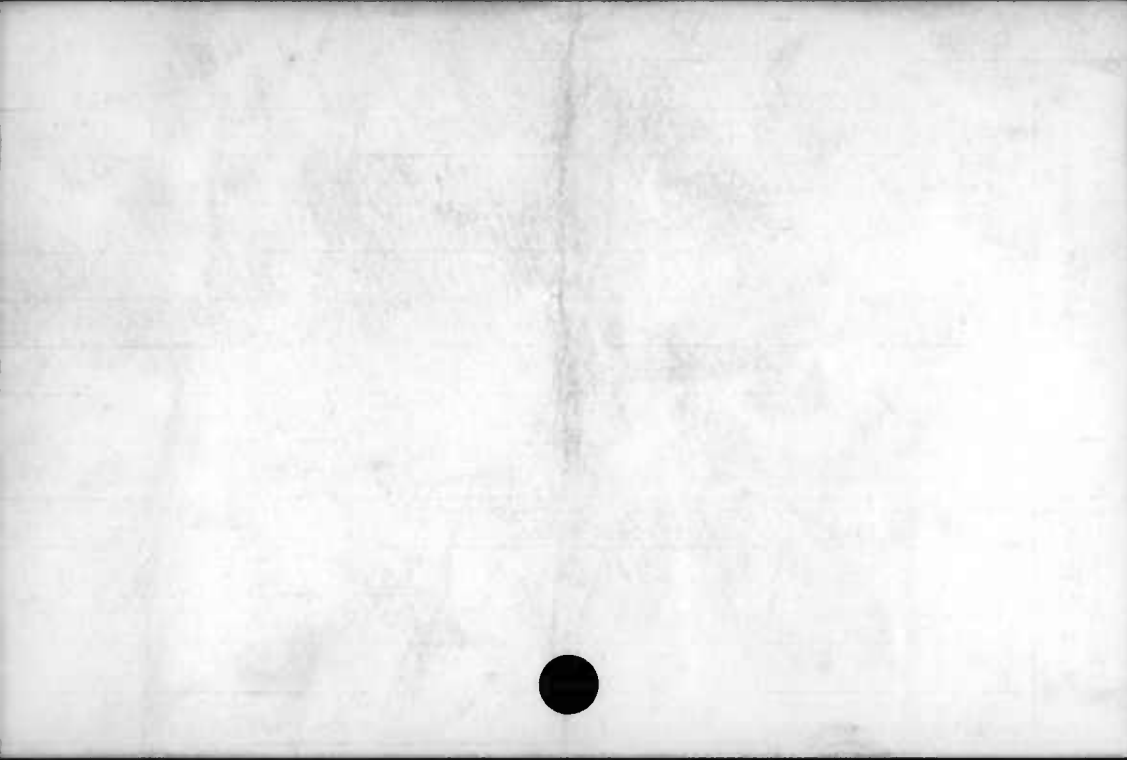
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cincinnati		County Hamilton		MARYLAND	
Date of death 1903	Month April	Day 11	Age	Years —	Months —	Days 5	
Sex Female	Color or Race Colored		Birth- place Maryland				
Married, Single or Widowed —			Occupation				
Name of Wife or Husband —							
Father's Name Perry Jackson				Father's Birthplace Maryland			
Mother's Maiden Name Anna Jackson				Mother's Birthplace Maryland			
Name of person giving Information Perry Jackson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spinal Meningeal Exhaustion		How long	5 days.
Immediate			How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. L. Owens, M.D.
			Address	Cincinnati, Ind.
Accident or Suicide?				



Name
in
Full

Ida May Merson

CERTIFICATE OF DEATH

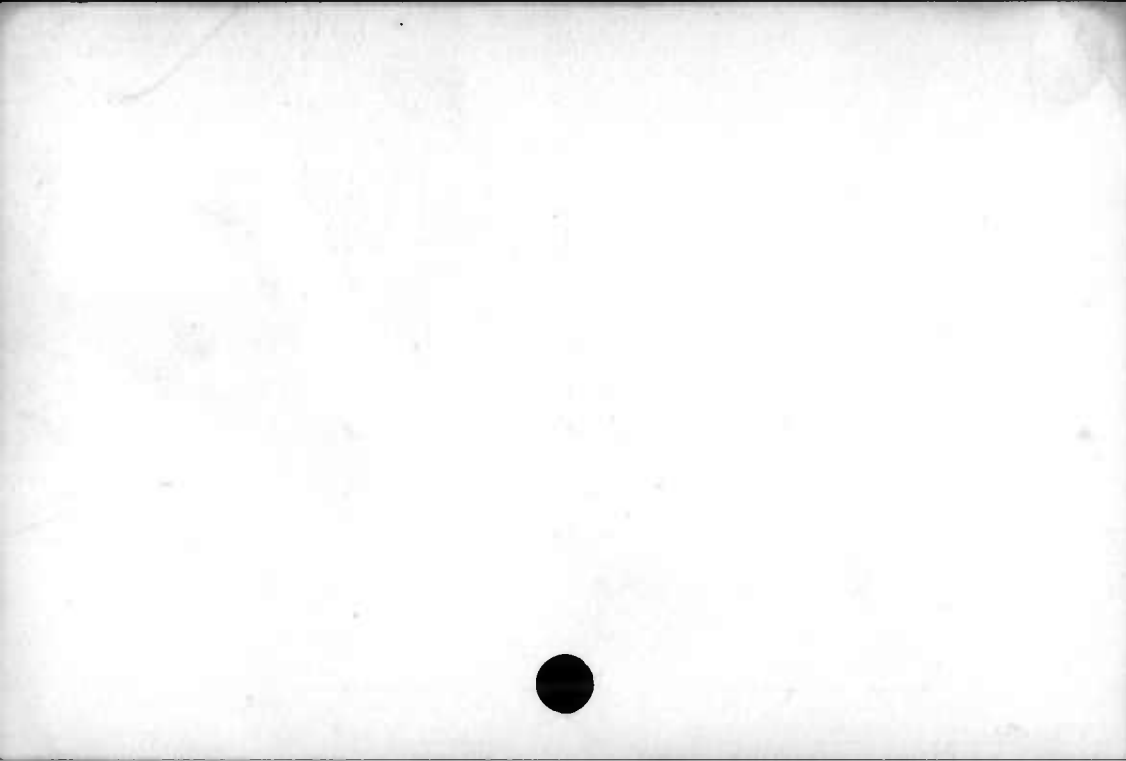
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clarksville</i> Town			<i>Howard</i> County			MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>2</i>	Age <i>—</i> Years	Months <i>11</i>	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband							
Father's Name <i>Benj. Merson</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Sarah Sullivan</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Sarah Merson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i>	How long <i>7 days</i>
Immediate <i>Asthenia</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. L. Crissel</i>	Address <i>Highland Md</i>
Accident or Suicide?		



Name
in
Full

Laura Nelson

CERTIFICATE OF DEATH

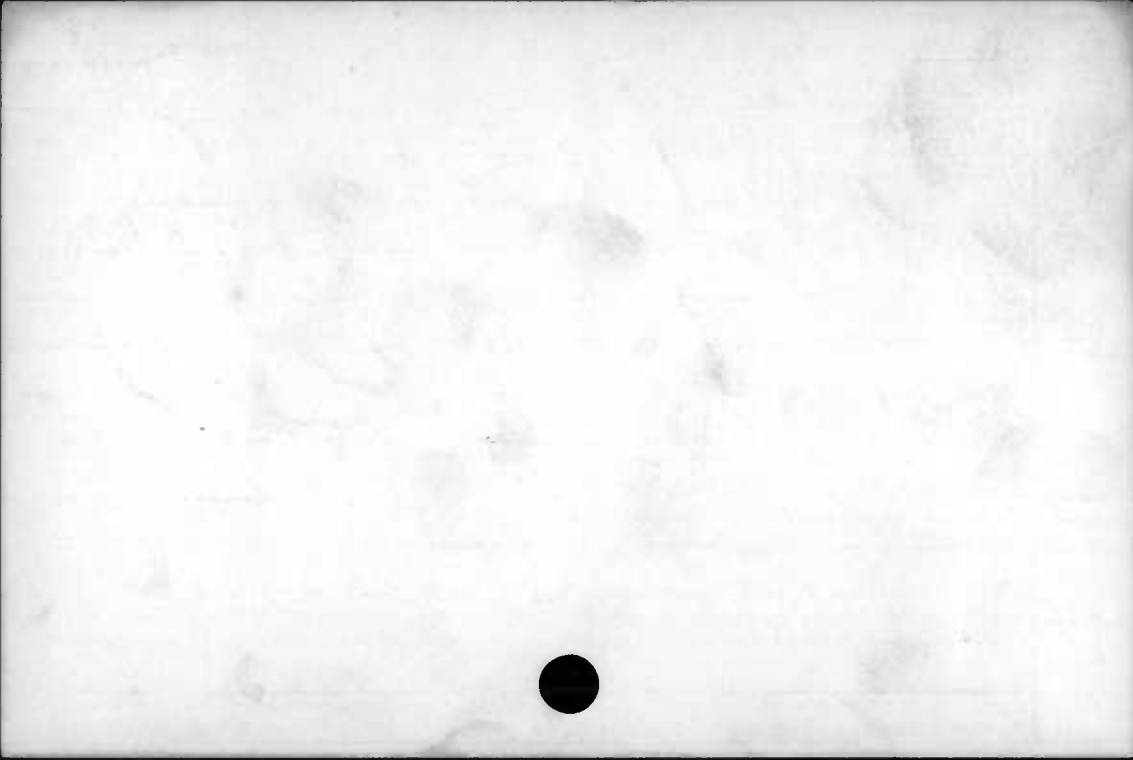
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott</u>		Town		<u>Hanover</u>		County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>9</u>	Years <u>26</u>	Age	Months	Days			
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth- place <u>Hanover Co</u>						
Married, Single or Widowed <u>---</u>			Occupation <u>Nurse</u>						
Name of Wife or Husband									
Father's Name <u>Richard Nelson</u>					Father's Birthplace <u>Hanover Co</u>				
Mother's Maiden Name <u>Jane Nelson</u>					Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Brother</u>					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>6 months</u>
Immediate <u>Inanition</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. J. Byrne</u>
	Address <u>Ellicott City Md</u>
Accident or Suicide?	



Name
in
Full

Caroline Parker

CERTIFICATE OF DEATH

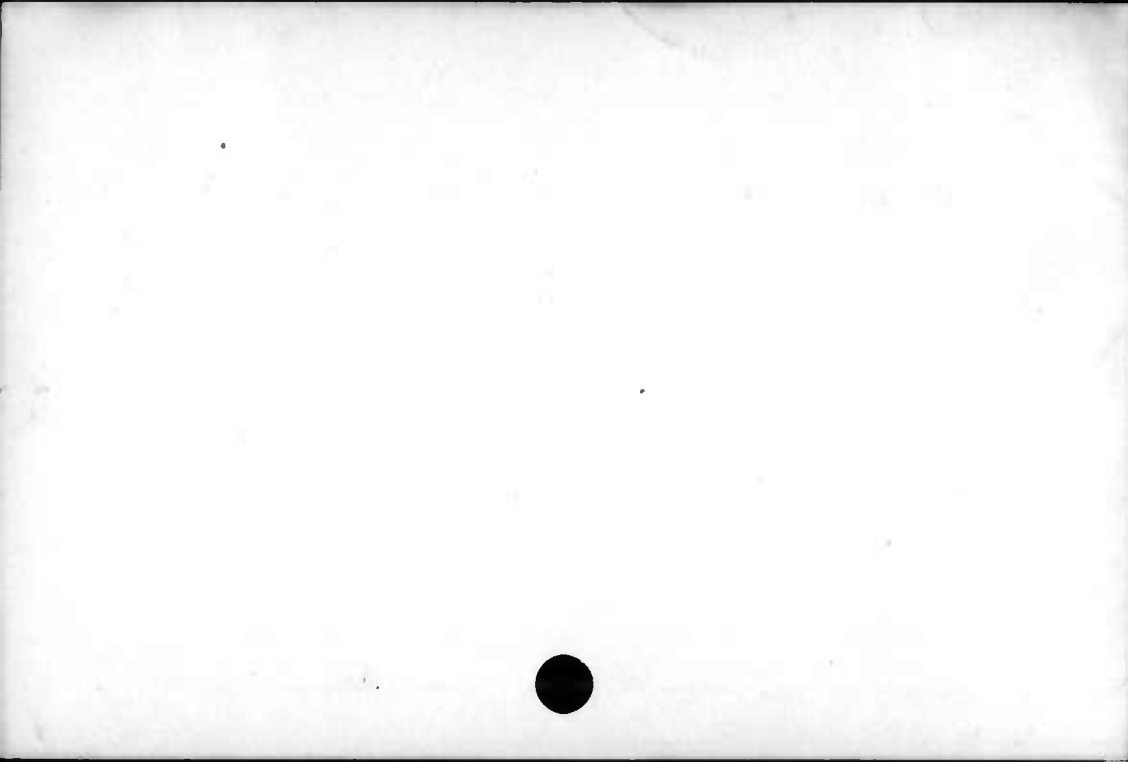
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cooksville</i>			Town <i>Howard</i>			County <i>Howard</i>			MARYLAND				
Date of death 1903		Month <i>April</i>		Day <i>5</i>		Age <i>76.</i>		Years		Months		Days	
Sex <i>Female</i>				Color or Race <i>Negro.</i>				Birthplace <i>Maryland</i>					
Married, Single or Widowed <i>Widow.</i>						Occupation <i>None.</i>							
Name of Wife or Husband													
Father's Name <i>Harry Matthews</i>						Father's Birthplace <i>Maryland.</i>							
Mother's Maiden Name <i>Francis White</i>						Mother's Birthplace <i>Maryland.</i>							
Name of person giving information <i>Rachael Berret</i>						How related to deceased <i>Daughter</i>							

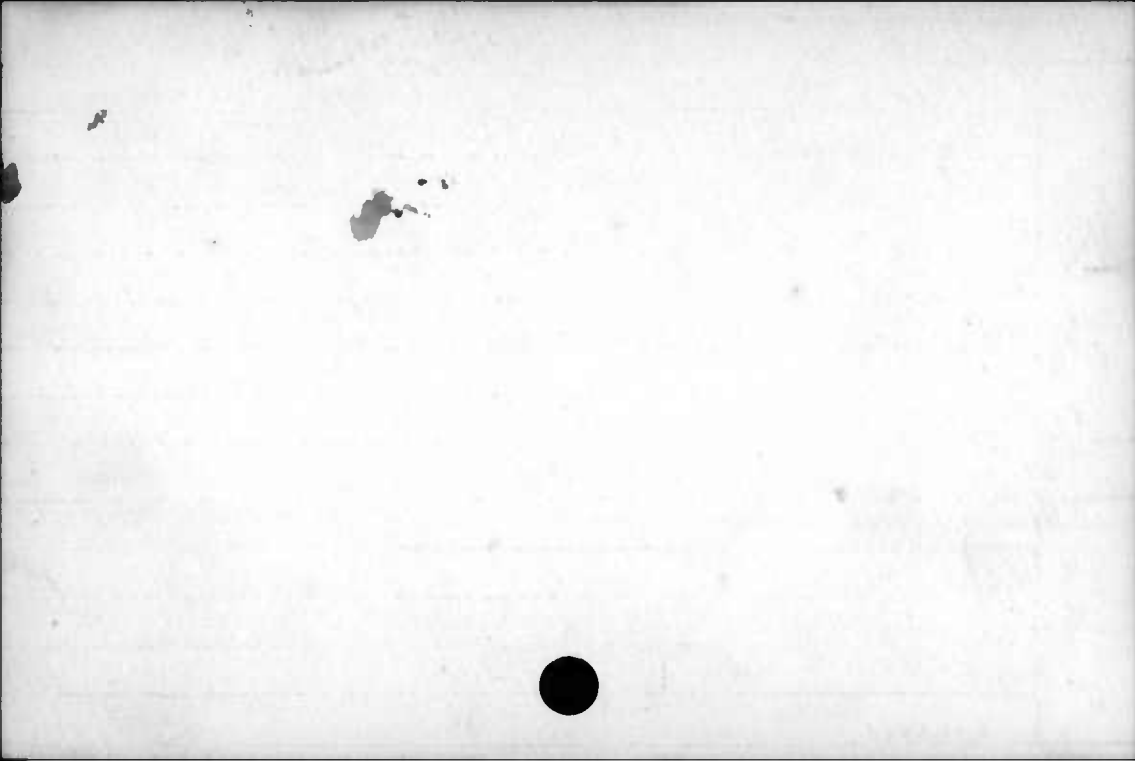
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		<i>120</i>		How long <i>About 1 year</i>	
Immediate <i>Uremia</i>				How long <i>Three days</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		Signature of Physician <i>J. W. Lacy</i>	
		Address <i>Linton Ind.</i>			
Accident or Suicide?		<i>No.</i>			



Name in Full Ann Porter		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Ellicott City <small>Town</small>	Howard <small>County</small>	MARYLAND
	Date of death 1903 April <small>Month</small> 1 <small>Day</small>	Age 87 <small>Years</small>	— <small>Months</small> — <small>Days</small>
	Sex Female	Color or Race White	Birth-place Maryland
	Married, Single or Widowed Single	Occupation	
	Name of Wife or Husband		
	Father's Name William Allen Porter	Father's Birthplace Maryland	
Mother's Maiden Name Anniscacia Earlonghue	Mother's Birthplace Maryland		
Name of person giving information Mrs Leonora Whiteford	How related to deceased Alice		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	How long	
	Immediate Heart Failure	179	
	Are the name, age, sex, color, date and place correctly given above?	How long 1/2 hour	
	yes	Signature of Physician Geo H. B. Rogers and	
	Address Ellicott City Md	X	
Accident or Suicide? —			



Name in Full

Certificate of Death

Charles Dug Pyle

Died at ^{Town} St. Fort's School ^{County} Howard

MARYLAND

Date 1903 Month 4 Day 16 Y. M. D. Age 22 Native of Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
Wife

Father's Name Robert Lapsley Pyle

Mother's Name Sarah D. Horshman nee Pyle

Cause of Primary Pneumonia

How long sick
11 days

Death Immediate Heart failure 93

~~Accident, Suicide, Homicide~~

Reported by Samuel J. Fort M. D.

Address Ellicott City Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55963



Name in Full

Certificate of Death

George Rhodes

Town

County

Died at

Elk Ridge

Howard

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1903

April 1st

Age

88

Maryland

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

Jane Rhodes

Father's

Mother's

Name

Name

Cause of

Primary

Hemiplegia let

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Arthur Williams

Address

Elk Ridge

Howard Co Md

Robt Brooks & Son, Calhoun & Hollins, etc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 80005



Born at *Savage* Town *Poorey* County *Howard* MARYLAND
 Date 190 *3* Month *Apr* Day *12* White ☒ Male ☐ Living ☒ Number of Child: ~~1st 2nd 3rd~~
 Father's Name in Full *John Poorey* Age *37*
 Occupation *Farmer* Birthplace *Md*
 Mother's Maiden Name *Lizzie Poorey* Age *28*
 Occupation *Housewife* Birthplace *Durham N.C.*
 Reported by *Lane Arthur* Physician, Midwife, Parent

Address

*Ind**Savage**File 1903*

If child is not named, send name as early as possible.



Name in Full		Hannah Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ellicott City		County Howard		MARYLAND	
	Date of death 1903		Month April	Day 27	Age 76	Years		Months
	Sex Female		Color or Race White		Birth- place			
	Married, Single or Widowed Married		Occupation House duties					
	Name of Wife or Husband Wm H Scott							
	Father's Name Thos Haslitt				Father's Birthplace England			
Mother's Maiden Name Deborah Haslitt				Mother's Birthplace England				
Name of person giving In formation Miss Georgia Scott				How related to deceased daughter				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Organic Heart Disease				How long Some months			
	Immediate " " "				How long Half hour			
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician B J Byrne			
					Address Ellicott City Md			
	Accident or Suicide?							

